

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Center For Mental Health Services,
Center For Substance Abuse Prevention, and
Center For Substance Abuse Treatment

Part I - Programmatic Guidance

Knowledge Dissemination Conference Grants

Program Announcement No. PA 03-002

Short Title: SAMHSA Conference Grants

Recurring Application Due Dates:
January 10 and September 10

Elaine Parry
Acting Director, Center for Substance Abuse
Prevention

H. Westley Clark, M.D., J.D., M.P.H.
Director, Center for Substance Abuse
Treatment

Gail P. Hutchings, M.P.A.
Acting Director, Center for Mental Health
Services

Charles G. Curie, M.A., A.C.S.W.
Administrator Substance Abuse and
Mental Health Services Administration

Date of Issuance: November 10, 2002

Catalog of Federal Domestic Assistance (CFDA) 93.243. Authority: Public Health Service Act, as amended, Title V, Part B, 42 U.S.C. Sections 520A, [290bb-32] Priority Mental Health Needs of Regional and National Significance; 516, [290bb-22] Priority Substance Abuse Prevention Needs of Regional and National Significance; and 509, 42 U.S.C. [290bb-2]; Priority Substance Abuse Treatment Needs of Regional and National Significance.

SAMHSA Conference Grants Table of Contents

	Page
Agency	3
Action and Purpose	3
Who Can Apply?	3
Application Kit	3
How To Get an Application Kit	4
Where To Send the Application	4
Application Dates	4
How To Get Help	5
Award Criteria	6
Post-Award Requirements	6
Program Overview	7
What To Include in Your Application	10
Face Page	
Abstract	
Table of Contents	
Budget Form	
Program Narrative and Supporting Documentation	
Appendices	
Assurances	
Certifications	
Disclosure of Lobbying Activities	
Checklist	
Project Narrative Sections A Through D Detailed	13
Section A - Potential Significance of the Proposed Project	
Section B - Merit and Appropriateness of the Project Plan	
Section C - Management Plan, Staffing, Project Organization and Resources	
Section D - Appropriateness of the Evaluation Plan	
SAMHSA Participant Protection	15
Special Considerations and Requirements	18
Appendix A: CSAT's GPRA Requirements	19
Appendix B: CSAT Guidelines for Informing Participants About Client Satisfaction Survey and Consent Form	20
Appendix C: CSAT's Baseline Training Satisfaction Survey	23

Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration

Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS), Center for Substance Abuse Prevention (CSAP), and Center for Substance Abuse Treatment (CSAT) are accepting applications for SAMHSA Knowledge Dissemination Conference Grants (also referred to as SAMHSA Conference Grants). The purpose of the Conference Grant program is to disseminate knowledge about practices within the mental health services and substance abuse prevention and treatment fields and to integrate that knowledge into real-world practice as effectively and efficiently as possible.

SAMHSA Centers (CMHS, CSAP, and CSAT) will provide support for up to 75 percent of the total direct costs of planned meetings and conferences. Grant awards range from \$25,000 to a maximum of \$50,000. Indirect costs are **not** allowed under this program. It is expected that 20-30 awards will be made each year under this announcement. Actual awards will depend on the availability of funds. This program announcement (PA) is announced prior to fiscal year 2003 (FY2003) appropriation from Congress, anticipating that CMHS will make available \$250,000, CSAP \$75,000, and CSAT \$500,000. In this and future years, each Center will contribute a minimum of \$75,000, assuming funding is available.

Who Can Apply?

Public and domestic private nonprofit organizations, including State and local governments, professional associations, voluntary organizations, self-help groups, consumer and provider services-oriented constituency groups, community-based organizations, and faith-based organizations, may apply under this PA. Individuals are not eligible to receive grant support for a conference.

Support for only one conference from one SAMHSA Center (CMHS, CSAP, or CSAT) may be requested in any single application. Only one application per receipt date may be submitted.

Application Kit

SAMHSA application kits include the two-part grant announcement (also called the Program Announcement or PA) and the blank forms (SF 424 and PHS-5161-1, revised July 2000) needed to apply for a grant.

The PA has two parts:

Part I - provides information specific to the grant or cooperative agreement. It is different for each PA. **This document is Part I.**

Part II - has general policies and procedures that apply to all SAMHSA grants and cooperative agreements.

You will need to use both Part I and Part II to apply for a SAMHSA grant or cooperative agreement.

How To Get an Application Kit

To get a complete application kit, including Parts I and II, you can:

- Call the SAMHSA Mental Health Information Center at (800) 789-2647 Monday through Friday, 8:30 A.M. to 5:00 P.M., EST
TDD: (301) 443-9006
Fax: (301) 984-8796
P.O. Box 42490
Washington, DC 20015
- Contact the National Clearinghouse for Alcohol and Drug Information at (800) 729-6686 Monday through Friday, 8:30 A.M. to 5:00 P.M., EST
P.O. Box 2345
Rockville, MD 20847-2345
- Download **Part I, Part II, and the PHS 5161-1** of the application kit from the SAMHSA Web site at www.samhsa.gov. Click on “Grant Opportunities” and then “Current Grant Funding Opportunities.”

Where To Send the Application

Send the original and two copies of your grant application to:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health

Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710

****Change the zip code to 20817 if you use express mail or courier service.**

Be sure to type “PA 03-002 SAMHSA Conference Grants” in item number 10 on the face page of the application form (SF 424). If you require a phone number for delivery, you may use (301) 435-0715. **All applications must be sent via a recognized commercial or governmental carrier. Hand-carried applications will not be accepted.**

Application Dates

SAMHSA anticipates that there will be two cycles of awards. Applications must be received by **January 10th** for the first review cycle and **September 10th** for the second review cycle. Applications received after these dates must have a proof-of-mailing date from the carrier seven days before the due date.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

Applicants are urged to apply for funds 1 year in advance of the planned conference.

How To Get Help

For questions on *mental health topics*, contact:

David Morrissette, DSW
Center for Mental Health
Services/SAMHSA
5600 Fishers Lane, Room 11C-22
Rockville, MD 20857
(301) 443-3653
E-mail: dmorriss@samhsa.gov
Fax (301) 443-0541

For questions on *substance abuse treatment topics*, contact:

Kim Plavsic
Center for Substance Abuse
Treatment/SAMHSA
5515 Security Lane, Suite 840
Rockville, MD 20852
(301) 443-7916
E-mail: kplavsic@samhsa.gov
Fax (301) 480-3144

For questions on *substance abuse prevention topics*, contact:

Rosa I. Merello
Public Health Advisor
CSAP/DPED, SAMHSA
5515 Security Lane, Suite 800
Rockville, MD 20852
Phone: (301) 443-7462
Email: rmerello@samhsa.gov

For questions on *grants management issues*, contact:

Stephan Hudak
Division of Grants Management
OPS/SAMHSA
5600 Fishers Lane/ Rockwall II, 6th floor

Rockville, MD 20857
(301) 443-9666
E-mail: shudak@samhsa.gov
Fax (301) 443-6468

To help plan for review and provide an opportunity for feedback prior to submission of applications, the SAMHSA Centers will accept concept papers for review, **not to exceed two pages**, by fax, e-mail, or regular mail. Center staff will provide feedback by e-mail, fax, or phone. Submission of a concept paper is not required in order to apply for Conference Grant funds and has no bearing on the review and acceptance of an application.

Concept papers should succinctly address:

1. Area of prevention or treatment focus and specific aims;
 2. Background and need;
 3. Approach, method, and planning process;
 4. Description of target audience;
 5. Timing of conference;
 6. Expected contribution to the field;
 7. Proposed budget; and
 8. A plan for dissemination of findings.
- Concept papers must be submitted no later than November 20 (for the January 10 application date) or July 20 (for the September 10 application date) to one of the Center staff listed above. Technical assistance (TA) provided by staff does not imply or guarantee that an application

submitted following TA provision will be scored or that a grant award will be made.

Award Criteria

Each of the SAMHSA Centers maintains responsibility for and makes funding decisions regarding conferences in its respective areas of expertise: services for treatment and prevention of mental illness are made by CMHS, substance abuse prevention are made by CSAP, and substance abuse treatment are made by CSAT. The Centers may combine funds to support conferences that simultaneously address mental health and substance abuse prevention and treatment issues. Decisions to fund a grant are based on:

1. Availability of funds.
2. Strengths and weaknesses of the application as determined by a peer review committee.

An applicant is eligible to receive funding from a particular Center (CMHS, CSAP, or CSAT) for only one conference annually.

Additional award criteria may be applied in future years to ensure responsive distribution of conference topics, cultural competence, and/or geographical locations. Funding considerations, when applicable, will be announced annually on February 1 at our Web site: <http://www.samhsa.gov/grants/>.

Post-Award Requirements

1. SAMHSA and/or the pertinent Center shall have the opportunity to speak, exhibit, and/or distribute informational material at the conference, if appropriate. No registration fees will be charged to SAMHSA/Center staff.
2. The pertinent SAMHSA Centers' support must be acknowledged in all conference material. However, all conference documents, such as agendas, programs, proceedings, publications, and reports, must include a disclaimer to the effect that grant support of the conference does not imply endorsement by SAMHSA, the pertinent Centers, or by the Federal Government of any conference activities or oral or written information presented at, or resulting from, the conference.
3. A final progress report describing the conference, attendance, presentations, speakers, expenditures, and conference evaluation must be submitted.
4. Three copies of any publications resulting from the conference must be submitted **within 30 days of the date of publication.**
5. Government Performance and Results Act (GPRA) reporting requirements are required for this program and will be described more fully in the terms and conditions applied to grants awarded by CMHS and CSAP. GPRA measures are expected to include data such as number of attendees, satisfaction with the conference and achievement of

conference goals. GPRA requirements for CSAT awardees are specified in Appendix A of this program announcement.

Program Overview

As the Federal agency charged with improving the quality and availability of substance abuse and mental health prevention, treatment, and rehabilitative services, SAMHSA has developed programs to put research findings into practice by bringing new science-based knowledge to community-based prevention, identification, and treatment of mental and addictive disorders. Conferences provide an expeditious and efficient method to disseminate knowledge to a wide audience and promote the transfer of knowledge into practice.

Under this announcement, applications are invited for support of conferences related to substance abuse (including abuse of alcohol, tobacco, and illicit drugs) and mental illness prevention, early intervention, and treatment innovations and service delivery.

A conference is a regional workshop or any other organized and formal meeting lasting 1 or more days where persons assemble to exchange information about the science and practice of substance abuse and/or mental health identification, treatment, and prevention. Conferences must be open to a broad constituency of interests and skills that include providers, practitioners, researchers, advocates, consumers, family members, and the general public.

Conferences that focus on a single audience, such as training sessions for volunteers or

practitioners, or seminars for researchers, do not fit this definition.

SAMHSA, through its Centers, supports conferences that address the following programmatic priorities and principles:

Programmatic Priorities:

- ✓ Co-occurring disorders
- ✓ Substance abuse treatment capacity
- ✓ Seclusion and restraint
- ✓ Prevention and early intervention
- ✓ Children and families
- ✓ New Freedom Initiative
- ✓ Terrorism/bioterrorism
- ✓ Homelessness
- ✓ Aging
- ✓ HIV/AIDS and hepatitis C
- ✓ Criminal justice

Priority Principles:

- ✓ Data and evidence-based outcomes
- ✓ Collaboration with public and private partners
- ✓ Recovery/reducing stigma and barriers to services
- ✓ Cultural competency/eliminating disparities
- ✓ Community and faith-based approaches
- ✓ Trauma and violence (e.g., physical and sexual abuse)
- ✓ Financing strategies and cost-effectiveness
- ✓ Rural and other specific settings
- ✓ Workforce development

Center for Mental Health Services

The Center for Mental Health Services (CMHS) plays a pivotal role as an agent of change in the field of mental health, working in partnership with other Federal agencies, State and local mental health authorities,

service providers, consumers of services, and their families. It is guiding a service system in transition, stimulating the capacity of its partners to improve and enhance mental health treatment, illness prevention, and support services, placing them within reach of all Americans in need. To this end, CMHS develops new strategies and highlights effective practices using an array of the latest research-based treatments and support services. The Center's national programs promote the integration of relevant, culturally appropriate community services, opening the door to a comprehensive service system for those who need continuing intervention. Such integrated services are especially important for children and adolescents with serious emotional disturbances and adults with serious mental illness, including those involved in the criminal justice system, those with co-occurring substance abuse disorders, and those who are homeless.

Center for Substance Abuse Prevention

The mission of the Center for Substance Abuse Prevention (CSAP) is to bring effective substance abuse prevention to every community.

CSAP provides leadership and support to the Nation's substance abuse prevention activities. By preventing individuals from ever using drugs, increasing the age at which they start using drugs, or intervening to keep them from increasing their drug use, the number of people that will ultimately need treatment for addiction will be reduced. Through these efforts, CSAP contributes to the overall national effort, as articulated in one of the three priorities of the National Drug Control Strategy, to reduce the current use of illegal drugs among those aged 12

years or older by 10 percent in 2 years and by 25 percent in 5 years.

CSAP works to build the capacity of States and communities to deliver effective substance abuse prevention services by identifying and disseminating science-based model programs.

For this reason, CSAP is interested in disseminating knowledge about the applicability of scientifically defensible programs and practices to the substance abuse prevention field.

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) was created by Congress to expand the availability of effective treatment and recovery services for alcohol and drug problems. CSAT works cooperatively across the private and public treatment spectrum to identify, develop, and support policies, approaches, and programs that enhance and expand treatment. CSAT's initiatives are based on services and the consensus of experts in the addiction treatment field that, for most individuals, treatment and recovery work best in the context of a community-based coordinated system of comprehensive services designed to assure a continuum of support for recovery. CSAT supports the Nation's treatment infrastructure in providing an array of gender-specific and culturally appropriate services, evaluating the effectiveness of treatment and the delivery of services, and continually utilizing evaluation results to reformulate treatment, recovery, and service delivery approaches.

In addition to SAMHSA priorities listed above, CSAT is particularly interested in

conferences that focus on substance abuse treatment in relationship to pharmacologic treatment of opioid addiction; changing the conversation about issues of substance abuse and treatment (i.e., National Treatment Plan); and/or emerging issues (e.g., OxyContin, methamphetamine, buprenorphine, etc.).

Cultural Competence

Providing quality substance abuse prevention, addiction treatment, and mental health services to people from different cultures is the cornerstone of SAMHSA's efforts to promote health among diverse populations. SAMHSA believes these services are most effective when provided with consideration for the culture, values, and traditions of the individuals and communities being served, taking into account issues of race/ethnicity, gender, age, language, sexual orientation, disability, and literacy.

For these reasons, SAMHSA supports and upholds the concepts of cultural competence in the development and day-to-day implementation of all its programs. SAMHSA defines cultural competence as a set of behaviors, skills, attitudes, and policies that promote awareness, acceptance, and respect for differences among people. Cultural competence extends to continuing efforts, by both programs and individuals, to enhance their knowledge of other cultures, and to develop flexible models of service delivery that can be easily adapted to meet the evolving/emerging needs of diverse populations.

Complete SAMHSA guidelines for cultural competence are included in Part II, Appendix D of the PA. For more

information on cultural competence and mental health services, see (1) The Surgeon General's Supplement, *Mental Health: Culture, Race, and Ethnicity* (DHHS, 2001); (2) *Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Under-represented Racial/Ethnic Groups, 2000*; (3) *Cultural Issues in Substance Abuse Treatment* (BKD# 323). To obtain copies of the first and second articles, call the SAMHSA Mental Health Information Center at (800) 789-2647, or visit the CMHS Web site at www.mentalhealth.org. To obtain a copy of the third article, call the National Clearinghouse for Alcohol and Drug Information (NCADI) at (800) 729-6686.

Family and Consumer Involvement

SAMHSA believes that families and consumers contribute significantly to successful outcomes and must be appropriately involved in the conceptualization, planning, implementation, and evaluation of SAMHSA projects. Therefore, SAMHSA is committed to funding projects that are culturally competent, gender sensitive, age appropriate, and customer driven (family and consumer) in their approaches.

What To Include in Your Application

In order for your application to be complete, it must include the following in the order listed. Check off areas as you complete them for your application.

1. FACE PAGE

Use Standard Form 424, which is part of the PHS 5161-1. See Appendix A in Part II of the PA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

2. ABSTRACT

Your total abstract should be no longer than 35 lines. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

3. TABLE OF CONTENTS

Include page numbers for each of the major sections of your application and for each appendix.

4. BUDGET FORM

Standard Form (SF) 424A, which is part of the PHS 5161-1, is to be used for the budget. Fill out Sections B, C, and E of the SF 424A. Follow instructions in Appendix B of Part II of the PA.

5. PROJECT NARRATIVE AND SUPPORTING DOCUMENTATION

The Project Narrative describes your project. It consists of Sections A through D. These sections may be no longer than 20 pages. More detailed information about Sections A through D follows #10, Checklist.

Section A - Potential Significance of the Proposed Project

Section B - Merit and Appropriateness of the Project Plan

Section C - Management Plan, Staffing, Project Organization and Resources

Section D - Appropriateness of the Evaluation Plan

The Supporting Documentation section of your application provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E through H. There are no page limits for these sections, except for Section G, the Biographical Sketches/Job Descriptions.

Section E - Literature Citations. This section must contain complete citations, including titles, dates, and all authors, for any literature you cite in your application.

Section F - Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. **(See Part II of the PA, Example A, Justification).**

The Project Narrative portion of the application should provide a line item budget and specific justification for the project's direct costs. (Note that for this grant program there will be no future years; the project duration is 12 months only.) For contractual costs, provide a similar yearly breakdown and justification for ALL costs.

Specify all resources needed to accomplish the project that the project will have access to, either through the grant or, as appropriate, through other resources.

- Personnel: Itemize and prorate salary for professional and nonprofessional staff for the amount of time spent on the project.
- Fringe Benefits: Itemization may include only funds in proportion to the amount of time or effort employees devote to the project, provided that such costs are incurred under formally established and consistently applied policies of the organization.
- Equipment: Grant funds may be used only for rental of necessary equipment; funds may not be used for the purchase of equipment. Itemize rental costs, projection, public address systems, exhibits, phones, etc.
- Supplies: Grant funds may be used for the purchase of supplies necessary for the conference, provided the supplies are received and used during the project period. Itemize stationery, mailing costs, etc.
- Travel: Funds may be used for the travel of staff, speakers, participants, and attendees if identified in the application

and approved at the time of award. Proposed per diem or subsistence allowances must be reasonable and will be limited to the days of attendance at the conference plus the actual travel time required to reach the conference location by the most direct route available. Where meals and/or lodgings are furnished without charge or at a nominal cost (e.g., as part of the registration fee), the proposed per diem or subsistence allowance will take this into consideration. Transportation costs for attendees and participants at the conference may not exceed economy class fares. Grant funds may not be used to pay per diem or expenses other than local mileage for local participants in the conference. Meals are allowable as part of a formal compensation arrangement; as part of a per diem or subsistence allowance, provided in conjunction with allowable travel; or when deemed to be an integral component of a conference. Meal costs in support of a luncheon reception, break, etc., are **not allowable**. Guest meals are **not allowable**.

- Registration Fees: Registration fees may be paid from grant funds, provided such fees cover only those costs otherwise properly chargeable to the grant.
- Publication Costs: Grant funds may be used to cover the costs of publishing the conference product (proceedings, manual, monograph, report).
- Consultant Services: Costs for consultant fees are allowed, including travel and supporting costs (per diem, or where applicable, subsistence).
- Honoraria: Speakers' fees for services rendered are allowed. However, honoraria

or other payments given for the purpose of conferring distinction, or to symbolize respect or esteem, may not be paid from grant funds.

- Conference Services: Grant funds may be used for recordings of proceedings, editorial services, simultaneous translation, etc., and subsequent transcriptions.

- All Other Expenses: Itemize costs for printing programs, notices, badges, signs, etc., and rental of conference space.

- Other Support: “Other Support” refers to all current or pending funds that will be used to plan for, conduct, and evaluate the conference, related to this application. Other support can include registration fees, contributions from any organizations or persons, and in-kind services. Applicant organizations are reminded of the necessity to provide full and reliable information regarding “other support,” i.e., all Federal and non-Federal active or pending support. For your organization and key organizations that are collaborating with you in this proposed project, list all currently active support and any applications/proposals pending review or funding that relate to the project. If there are none, state “none.” For all active and pending support listed, also provide the following information:

1. Source of support (including identifying number and title)
2. Dates of entire project period
3. Annual direct costs supported/requested

4. Brief description of the project

5. If the project overlaps, duplicates, or is being supplemented by the present application, delineate and justify the nature and extent of any programmatic and/or budgetary overlaps.

Section G - Biographical Sketches and Job Descriptions. Include biographical sketches for the project director and for other key positions. Each sketch should be no longer than **two pages**. If the person has not been hired, include a letter of commitment from him/her with the sketch. Include job descriptions for key personnel. They should be no longer than **one page**. Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.

Section H - SAMHSA’s Participant Protection. The elements you need to address in this section are outlined after the Project Narrative description in this document.

6. APPENDICES 1 THROUGH 3

- Use only the appendices listed below.
- **Do not** use appendices to extend or replace any of the sections of the Project Narrative unless specifically required in this PA (reviewers will not consider them if you do).
- **Do not** use more than **30** pages (plus all instruments) for the appendices.

Appendix 1 - Letters of collaboration, support, and/or agreement to participate in the conference

Appendix 2 - Data collection instruments/interview protocols

Appendix 3 - Sample consent forms

7. ASSURANCES

Non-Construction Programs. Use Standard Form 424B found in PHS 5161-1.

8. CERTIFICATIONS

Use the “Certifications” forms, which can be found in PHS 5161-1. See Part II of the PA for instructions.

9. DISCLOSURE OF LOBBYING ACTIVITIES (See form in PHS 5161-1)

Appropriated funds, other than for normal and recognized executive-legislative relationships, may not be used for lobbying the Congress or State legislatures. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation, or to urge those representatives to vote in a particular way. (Please read **Part II** of the PA, General Policies and Procedures for All SAMHSA Applications, for additional details.)

10. CHECKLIST (Found in PHS 5161-1)

You must complete the checklist. See Part II, Appendix C, of the PA for detailed instructions.

Project Narrative
Sections A Through D
Detailed

In developing your application, use the instructions below that have been tailored to this program. These are to be used in lieu of the “Program Narrative” instructions found in the PHS 5161-1 on page 21.

Sections A through D are the Project Narrative of your application. These sections describe what you intend to do with your project. Below you will find detailed information on how to respond to Sections A through D. Sections A through D may not be longer than 20 pages.

- Your application will be reviewed and scored against the requirements described below for Sections A through D. These sections also function as review criteria.
- A peer review committee will assign a point value to your application based on how well you address **each** of these sections.
- The number of points after each main heading shows the maximum number of points a review committee may assign to that category.
- Bullet statements do not have points assigned to them; they are provided to invite attention to important areas within the criterion.

- Reviewers will also be looking for evidence of cultural competence **in each section** of the Project Narrative. Points will be assigned based on how well you address cultural competency aspects of the review criteria. SAMHSA’s guidelines for cultural competence are included in Part II of the PA, Appendix D.

Section A: Potential Significance of the Proposed Project (35 points)

- Present a brief literature review on the topic area and describe how your conference represents knowledge in the field(s).
- Describe the value of the conference to advance the field of substance abuse and/or mental health prevention, treatment, and rehabilitative services, particularly in reference to culturally and racially diverse populations.
- Describe the relevance of the proposed project to the SAMHSA Priorities of Programs and Principles found in the Program Overview section of this announcement.

Section B: Merit and Appropriateness of the Project Plan (35 points)

- Identify and justify overall goals, objectives, and approach of the conference.
- Discuss the feasibility of the conference agenda.
- Describe the collaboration in the planning, implementation, and evaluation of the conference among all of the following constituencies: consumers, advocates, researchers, and providers. Attach letters of

support and/or agreement to participate in the conference in Appendix 1.

- Explain how your conference will address, develop, and/or improve the cultural awareness and/or competence of attendees.
- List plans for speakers, presenters, and participants. Attach letters of collaboration, support, and/or agreement to participate in the conference in Appendix 1.
- Describe plans for development and dissemination of conference product(s) (e.g., publications, reports).

Section C: Management Plan, Staffing, Project Organization and Resources (25 points)

- List any previous conferences you have conducted or coordinated, include dates, topics, attendance, and products. Also indicate if you have not conducted or coordinated conferences before.
- Describe the administrative and organizational structure that will facilitate goals, objectives, and approach of the conference.
- Briefly describe capability/experience of the proposed conference director and other key personnel. Attach their resumes in Section G - Biographical Sketches and Job Descriptions.
- Describe how competence in culture, language, and gender issues is evidenced in the staffing, organization, and products of the conference.

Section D: Appropriateness of the Evaluation Plan (5 points)

- Describe your plan for evaluation of conference planning, content, and outcome.
- Describe how the proposed evaluation (for instance, the methods and instruments used) is appropriate to the culture and values of the attendees and that the interpretation of findings will be accurate.
- State your agreement to comply with the GPRA reporting requirements to be provided in the terms and conditions of the grant awards from CMHS and CSAP. If applying for a conference grant from CSAT, discuss how you will comply with the GPRA requirements (including a 30-day follow up with a minimum of 80% of all baseline participants followed up) specified in Appendix A of this document).

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

SAMHSA Participant Protection

In completing this section of your narrative, limit the discussion of participant protection to the conference itself and its evaluation process.

Participation in the conferences may expose some presenters and attendees to potential risks that come from disclosing personal information or raising uncomfortable issues

while discussing mental health and/or substance abuse diagnosis, treatment, or prevention issues. Consumers of these services are particularly vulnerable to the loss of privacy regarding their consumer status.

SAMHSA will place restrictions on the use of funds until all participant protection issues are resolved. Problems with participant protection identified during peer review of your application may result in the delay of funding. See Part II of the PA for more information on participant protection.

You must address each element regarding participant protection in your supporting documentation. If any or all of the elements are not relevant to your project, you must document the reasons that the element(s) does not apply.

This information will:

1. Reveal if the protection of participants is adequate or if more protection is needed.
2. Be considered when making funding decisions.

Projects may expose people to risks in many different ways. In this section of your application, you will need to:

- Identify and report any possible risks for participants in your project.
- State how you plan to protect participants from those risks.
- Discuss how each type of risk will be dealt with, or why it does not apply to the project.

Each of the following elements must be discussed:

① Protect Clients and Staff From Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- Discuss risks that are due either to participation in the project itself, or to the evaluation activities.
- Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.
- Give plans to provide help if there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you do not decide to use these other beneficial treatments, provide the reasons for not using them.

② Fair Selection of Participants

- Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background, and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other such groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, or others who are likely to be vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.

- Explain how you will recruit and select participants. Identify who will select participants.

③ Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify reasons why participation may be required, for example, court orders requiring people to participate in a program.
- If you plan to pay participants, state how they will be given money or gifts.
- State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

④ Data Collection

- Identify from whom you will collect data: participants themselves, family members, teachers, or others. Describe the data collection procedure and specify the sources for obtaining data, such as school records, interviews, psychological assessments, questionnaires, observation, or other sources. Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be

made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in Appendix 2, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use.

⑤ Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
 - ▶ How you will use data collection instruments.
 - ▶ Where data will be stored.
 - ▶ Who will or will not have access to information.
 - ▶ How the identity of participants will be kept private, such as through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

⑥ Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.

- State:
 - ▶ Whether or not their participation is voluntary.
 - ▶ Their right to leave the project at any time without problems.
 - ▶ Possible risks from participation in the project.
 - ▶ Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social, or other risks, participants **must** give written informed consent.

- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include sample consent forms in your Appendix 3, titled “Sample Consent Forms.” If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be

needed for both participant protection in treatment intervention and for the collection and use of data?

- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

⑦ Risk/Benefit Discussion

Discuss why the risks are reasonable compared with expected benefits and importance of the knowledge from the project.

Special Considerations and Requirements

SAMHSA's policies and special considerations requirements related to this program are found in **Part II** of the RFA/PA.

- Healthy People 2010
- Government Performance and Results Act
- SAMHSA Participant Protection

APPENDIX A

CSAT'S GPRA Requirements

The GPRA measures for CSAT Conference grantees are as follows:

Number of events

Satisfaction with the events

Utilization of material and information to make a change in their practice as a result of the event.

Grantees are expected to collect baseline (end of the event) GPRA data on all participants at Knowledge Application (KA) events (meetings, trainings, and technical assistance). In addition, the grantee is expected to conduct a 30-day follow up to the events with a minimum 80% of all baseline participants followed up. Applicants should consider this requirement when preparing the evaluation budget section of the application.

Your experience may indicate the use of modest incentives will be necessary to achieve the required 80% response rate for each client follow up interview.

Grantees involved in KA dissemination activities (the development and publication of a product) are expected to collect baseline satisfaction data on the product using the OMB approved KA product dissemination form.

CSAT's GPRA Training/Technical Assistance/Meeting/Product Surveys forms are included as part of this appendix. These forms, as well as CSAT's GPRA Strategy are also available on the Web at the following address: www.csat-gpra.org. Click on General Information for the Strategy; click on Data Collection Tools/Instructions, then click on Knowledge Application Program for the Surveys.

APPENDIX B

**CSAT Guidelines for Informing Participants
About Client Satisfaction Survey and Consent Form**

Center for Substance Abuse Treatment

**STATEMENT OF INFORMED CONSENT FOR
FOLLOW-UP INTERVIEW**

AT THE END OF THE KA ACTIVITY, THE LEADER SHOULD READ THE FOLLOWING STATEMENT TO PARTICIPANTS:

You are being asked to assist CSAT in assessing the Knowledge Application Professional Development activity you just participated in. CSAT is interested in determining the impact of this program on participants' knowledge, skills, and abilities in serving substance-abusing populations. Your feedback will assist in identifying the most useful aspects of the session and enable CSAT to recommend needed programmatic changes. CSAT appreciates your willingness to contribute to this assessment. By signing this consent form, you agree to complete a survey at the end of this activity and, if selected, allow CSAT or its contractor(s) to contact you via mail or by telephone for a follow-up survey

TO KA ACTIVITY INSTRUCTORS/DIRECTORS Please read statements 1 through 3 below and have participants read, complete, and sign the Consent and Contact Information form before distributing the client surveys. Once completed, the surveys should be kept separate from the information forms. Completed surveys and information forms should be placed in a sealed envelope and forwarded to CSAT at _____.
Thank you for your cooperation.

1) Procedures: *If you agree to participate in the follow-up interview and if selected, CSAT will need information that will allow us to contact you approximately 30 days after the completion of this event. In order for us to contact you, we ask that you complete the Consent and Contact Information form. You are also asked to provide a unique four-digit identifier with which CSAT can match your initial response with your follow-up information.*

2) Risks, Stress, Discomfort: *There are no significant risks associated with participation in this assessment. If, however, you find answering any of the questions unpleasant or uncomfortable, you have the right to not answer any questions for any reason.*

3) Protecting Trainees' Rights and Confidentiality:

You are not required to participate in this assessment and can withdraw at any time. The information you furnish us will be kept confidential and is protected by the Privacy Act. The information will not be released to anyone without your written permission. Additionally, the identifying information you give will be kept separate from your identifying information and all identifying information will be destroyed after the data collection phase of the project has been completed. There is no financial compensation for participation in this assessment.

If there are no questions have respondents complete and sign the Consent and Contact Information form. Once the forms have been collected, distribute the survey.

Consent and Contact Information

The purpose of this assessment has been explained to me and I agree to participate with the understanding that there is no compensation for my participation. I also understand that, if selected, I will be asked to complete a follow-up survey about the outcomes of this training. I agree to be contacted. I understand that the information I give will be used for research purposes only and there are no significant risks involved in my participation. I understand that by providing the information requested below and signing I consent to the conditions, procedures and release described. I understand that I do not have to participate and have the right to refuse to answer specific questions or withdraw at any time.

Participant's Signature _____ Date _____ Participant's Name (Printed) _____

Contact Information

Full Name (Print) _____
(Last) (First) (Middle Initial)

Last 4 Digits of Social Security Number **OR** month and year of birth (e.g., 0259) _____
Please be sure to place your personal identification code on your survey.

WORK INFORMATION: Your agency name: _____

Street Address _____
(City) (County) (State) (Zip Code)

HOME ADDRESS:
Street Address _____
(City) (County) (State) (Zip Code)

Phone: Work (_____) _____ Home (_____) _____ Fax (_____) _____

E-mail address _____

If selected for a follow-up survey, would you prefer that the survey be mailed to your work address or your home address? Please mark (X) one.

Mail to my work address Mail to my home address

Would you object to a follow-up interview by telephone? No Yes

Please return this form to the staff and begin responding to the survey.